



EXT

APPLICATION FOR TIME EXTENSION (EXT)

PROJECT IDENTIFICATION: _____

Application is hereby made with the City of Rockville for approval of a Time Extension for the property described below:

Original Application Number: _____

PLEASE PRINT CLEARLY OR TYPE	PROPERTY ADDRESS		
	NUMBER, STREET & ZIP		
	SUBDIVISION	LOT	BLOCK
	ZONING	TAX ACCOUNT NO.	PROPERTY SIZE (in square feet)
APPLICANT*	NAME	MAILING ADDRESS – NUMBER, STREET, CITY, STATE, ZIP	
	FIRST	PHONE / FAX / E-MAIL	
	LAST		
PROPERTY OWNER	FIRST		
	LAST		
ARCHITECT Registration #	COMPANY		
	LAST	FIRST	
ENGINEER/ OTHER Registration #	COMPANY		
	LAST	FIRST	

**A letter of authorization from the owner must be submitted if this application is filed by anyone other than the owner*

ORIGINAL APPLICATION APPROVAL DATE: _____ / _____ / _____

DATE OF ANY PREVIOUS TIME EXTENSIONS GRANTED (IF ANY): _____ / _____ / _____

A TIME EXTENSION IS NECESSARY FOR THE FOLLOW REASON(S) _____

I hereby certify that I have the authority to make this application, that the application is complete and correct and that I have read and understand all procedures for filing this permit.

Signature of Applicant _____

TO BE COMPLETED BY THE PLANNING DIVISION

Application #: _____

Staff Reviewer: _____

Target Planning Commission

Review Date: _____

Received by: _____

Date: _____

Total fee: \$ _____